

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | N.A. | | 08/06/01 |
| O.I.P.E. CLASSIFIER | M.T.W. | 50 | 08-11-01 |
| FORMALITY REVIEW | H.T. | 1117 | 9/10/01 |
| RESPONSE FORMALITY REVIEW | FS | 1127 | 03/05/02 |

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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09/920152

50353NL 9/10/01

2/8/02
R.S.R.